



(Official Use Only) Contestant # _____

NATIONWIDE INSURANCE // BOXED-IN DESIGN CONTEST ENTRY FORM

FOR INDIVIDUAL ENTRIES

NAME // PHONE #: _____

FOR TEAM ENTRIES

TEAM NAME // AFFILIATION (if applies): _____

Primary Contact Person (name/phone):

BOXED-IN DESIGN CATEGORY // CHECK THE CATEGORY THAT BEST REPRESENTS YOUR ENTRY

____ Family Team

____ Adult Group

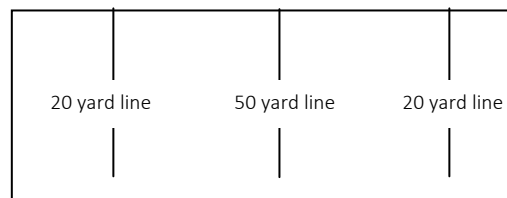
____ Youth Group

____ Individual Adult

____ Individual Youth

Tell us the story behind your Boxed-in design: _____

Once you know where you are setting up, please indicate below where your shelter is located:



Food Tent
Scoreboard
Info Tent

Fieldhouse